

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>3/10/65</u>		2 Serial/Patent # <u>10/324216</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Filing <u>Fee Change</u></td> <td style="width: 15%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 15%; padding: 5px;">5 DATE FILED</td> <td style="width: 10%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Amendment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Extension of Time</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Notice of Appeal/Appeal</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Petition</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Issue</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Maintenance</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Assignment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Other</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-top: 10px;">             \$ <u>100.00</u> </div>		
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11 REFUND REQUESTED BY: _____ TYPED/PRINTED NAME: <u>Rita White</u> TITLE: <u>Legal Assistant</u> SIGNATURE: <u>Rita White</u> PHONE: <u>7/308-9140 ext. 231</u> OFFICE: <u>DO/EO</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: